04-2506

PART B - FEE(S) TRANSMITTAL

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DOCKET CLERK, DM/ANSI P.O. BOX 802432 DALLAS, TX 75380 04/26/2006 RMEBRAH1 00000063 09821919				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
04/26/2006 KWFRKHHI OOO	00063 03651313			Lori	Voirin	(Depositor's name)		
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP			Loni	Voisin	(Signature)		
03 FC:8001	30.00 OP			Apri	124,2006	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR	ATTORNEY DOCKET	NO. CONFIRMATION NO.		
09/821,919	03/30/2001	<u> </u>	Bradley J	. Wessman	20010021.ORI	7672		
APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEI	E TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700		\$300	\$1000	04/24/2006		
FYA	•		IT.	CLASS-SUBCLASS				
·	EXAMINER CAMPBELL, THOR S		ART UNIT		<u>'</u>			
				607-116000 nting on the patent front	anna lint			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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(A) NAME OF ASSIG	NEE	(B) RESIDEN	CE: (CITY and STATE C	OR COUNTRY)			
MicroNet Medical, Inc.			White Bear Lake, Minnesota					
Please check the appropria	te assignee category or catego	ries (will not be pri	inted on the	patent) : 🔲 Individual	Corporation or other priva	ate group entity Government		
4a. The following fee(s) ar	e enclosed:	4b	. Payment of	• •				
 Issue Fee Publication Fee (No small entity discount permitted) 			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.					
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	s (from status indicated above SMALL ENTITY status. See	•	🕅 b Annlii	cant is no longer claiming	SMALL ENTITY status. Sec	37 CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and		re Fee and Publicat	ion Fec (if a			pplication identified above. ; or the assignee or other party in		
Authorized Signature	Kobert D	Mute	ten	Date	4/24/2006			
Typed or printed name Robert D. McCutcheon			Registration No. 38,717					
Alexandria, Virginia 22313	ginia 22313-1450. DO NOT: 3-1450.	SEND FEES OR C	OMPLETE	D FORMS TO THIS AD	fit by the public which is to file ke 12 minutes to complete, inc Any comments on the amount at and Trademark Office, U.S. DRESS. SEND TO: Commission less it displays a valid OMB co	e (and by the USPTO to process) cluding gathering, preparing, and of time you require to complete Department of Commerce, P.O. oner for Patents, P.O. Box 1450, ontrol number.		

DOCKET NO.: 02-060 (ANSI01-00008)

Customer No.: 36029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Bradley J. Wessman et al.

Application No.

09/821,919

Filed

March 30, 2001

For

LEAD BODY AND METHOD OF LEAD BODY

CONSTRUCTION

Group No.

3742

Examiner

Thor S. Campbell

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

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The undersigned hereby certifies that the following documents:

1) Part B Issue Fee Transmittal (in duplicate);

- 2) Check in the amount of \$1,730.00 for issue fee (\$1,400.00), publication fee (\$300.00) and soft copies of patent (\$30.00);
- 3) Fee Transmittal for FY 2006 (in duplicate); and
- 4) A Postcard receipt

relating to the above application, were deposited as "Express Mail", Mailing Label No. EV668401326US with the United States Postal Service, addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 24, 2006.

D-4-.

April 24,2006

Date: 4/.

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Date. ____

Robert D. McCutcheon

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE equired to respond to a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Akt 1995 no persons Effective on 1208/2004 PE Complete if Known Fees pursuant to the Consolidated Appropriate Act. 2005 (H.R. 4818). Application Number 09/821,919 TRANSMITTA Filing Date March 30, 2001 For FY 2005 Bradley J. Wessman First Named Inventor **Examiner Name** Thor S. Campbell Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3742 TOTAL AMOUNT OF PAYMENT (\$) 1,730.00 Attorney Docket No. 02-060 (ANSI01-00008) METHOD OF PAYMENT (check all that apply) Check I Credit Card None Other (please identify):_ Money Order X Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 600 300 500 250 300 Reissue 150 200 100 0 n Provisional **Small Entity** 2. EXCESS CLAIM FEES <u>Fee (\$)</u> Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) **Extra Claims** Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets** Extra Sheets (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$1,730.00 Other: Issue Fee (\$1,400), publication fee (\$300) and copies of patent (\$30)

SUBMITTED BY	0	Ω			
Signature	Kobert DT	Mulike	Registration No. (Attorney/Agent) 38,717	Telephone	972-628-3600
Name (Print/Type)	Robert D. McCutched	าก		Date 4/.	24/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.